

An Alternative Approach to Building Community Health Information Infrastructure

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Building HII

CHMIS...HSIS..CHIN..DOT.COM..RHIO.....					IDEAL	
1990	1995	2000	2005	2010	2015	

- Now on the *fifth* wave of health information infrastructure initiatives
- Washington State has experienced all five
- Examine some lessons learned to help guide future work

Defining Terms

- “The HII”
 - The idealized fully interoperable health information infrastructure
 - Components of the idealized system that do not yet exist
 - That which is to be governed by “The entity”
- “HII”
 - Any health information infrastructure deployed by an individual, enterprise or the community
- “CHII”
 - HII that will be deployed by the community or collaboratively as opposed to HII deployed by individuals and enterprises

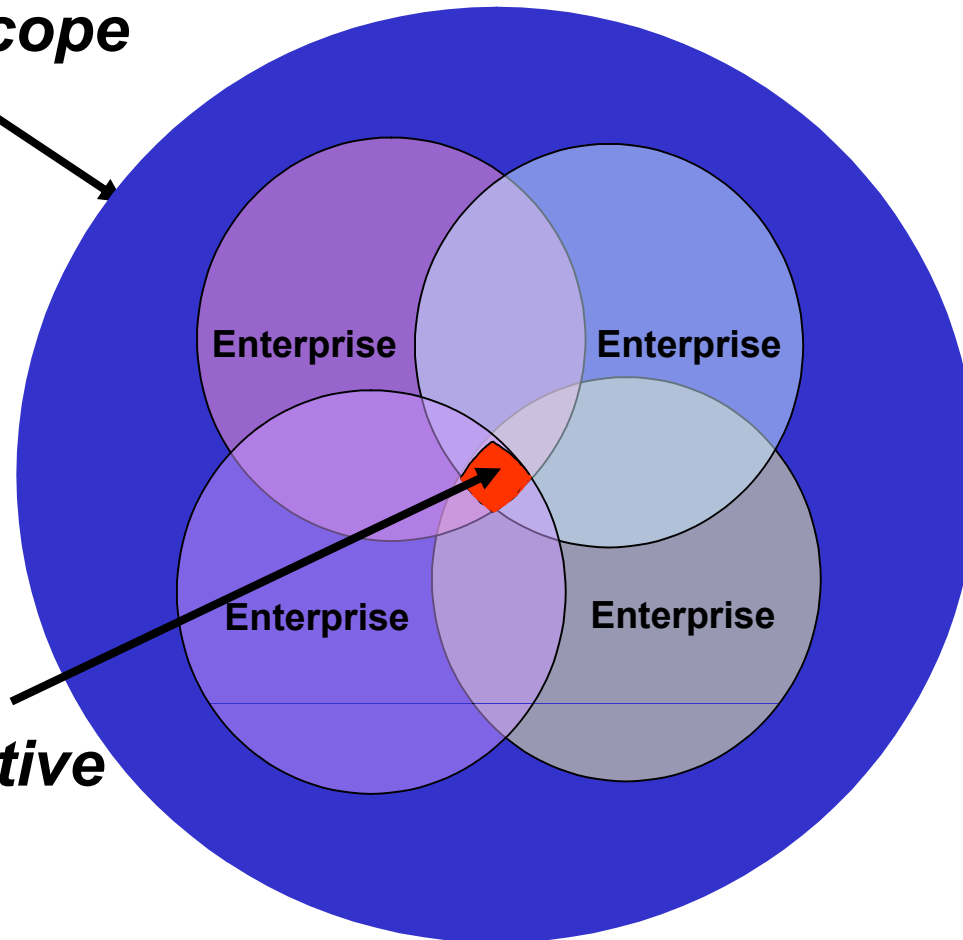
CHII Lessons Learned

- All HII is not created equal
 - Very limited amount of money and mindshare for CHII
- Enterprise investments will drive development of HII
 - CHII is mostly about linking/leveraging others' investments
- If you have a good business case, all the technological and governance problems are solvable, if you don't the other problems don't matter
 - For CHII it is always all about the business case
- Privacy cannot be assured, greater knowledge, access and convenience will be paid for by greater risk
 - The burden to justify exchange is on those who want data
 - Opt out is unlikely, there aren't going to be two systems

Building Health Information Infrastructure

– Competition vs. Collaboration

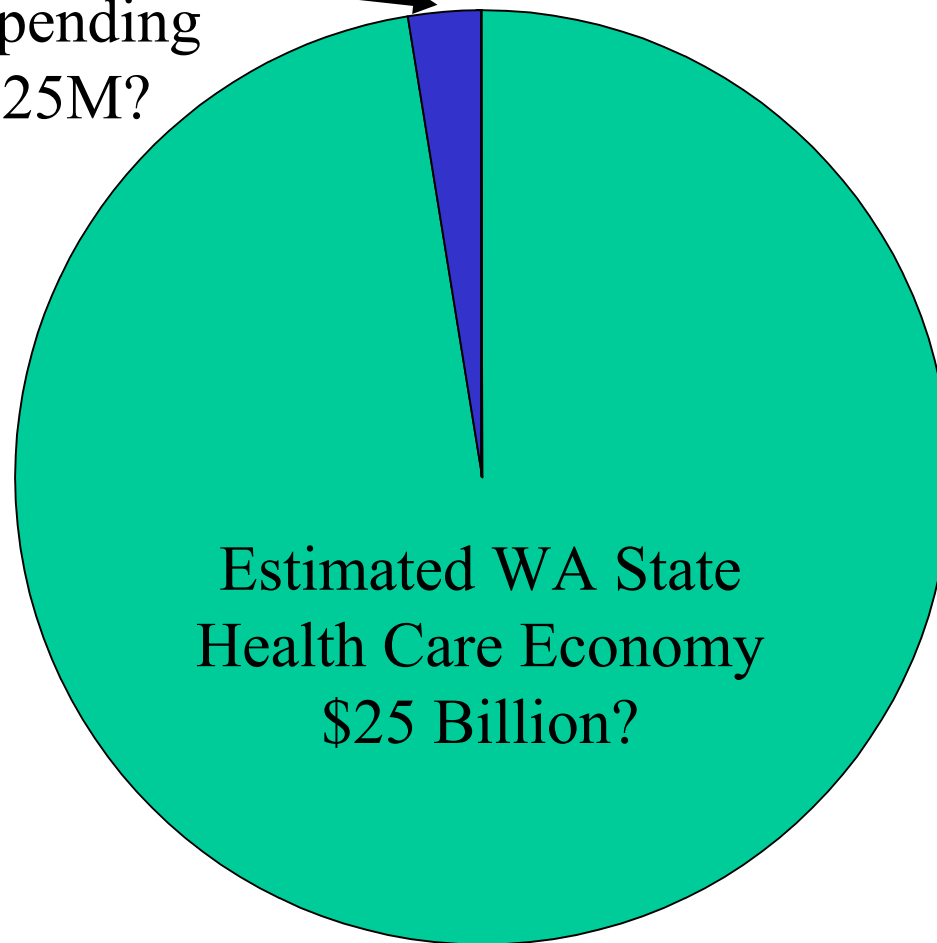
***The entire scope
of the work
to be done***



***The scope of
the collaborative
opportunity***

How Much HII? – How Much CHII?

Estimated WA State
Health IT Spending
(2.5%) \$625M?




HSIS Post-Mortem 1995*

- “This was all about *wants* not *needs*, wants are something I’d like to have as long as someone else pays for it, needs are something I’m willing to pay for”
- “You know what the definition of HSIS was – First give me all your data and then I’ll tell you what I’m going to do with it”
- “There wasn’t much the right and left agreed on in 1995, but they both agreed HSIS was a threat to privacy so they killed it”

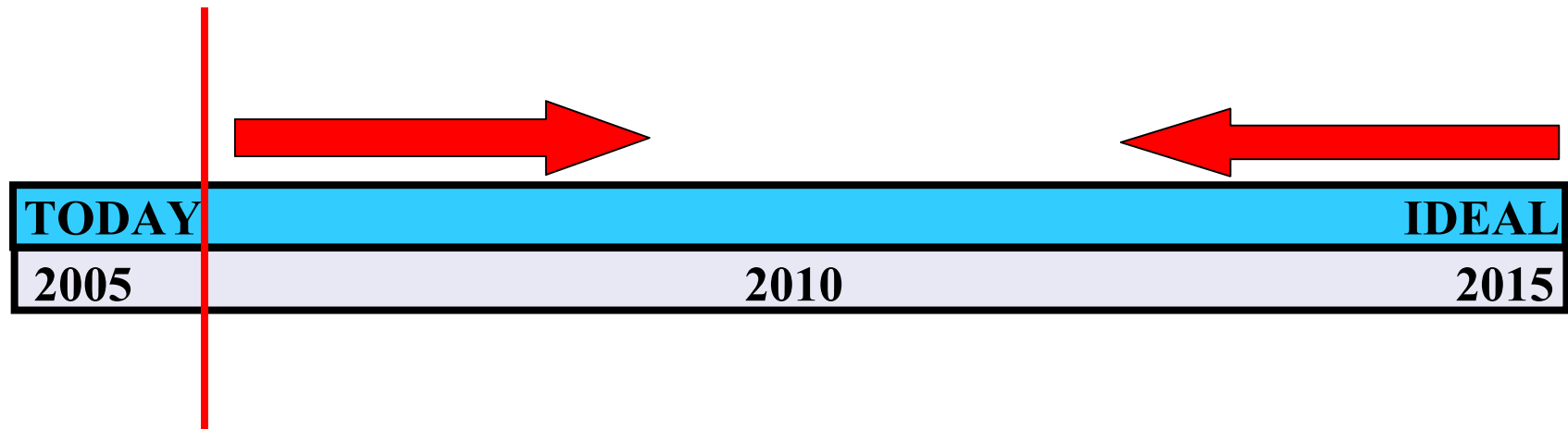
* Comments from interviewees on what worked and didn’t work about HSIS



Governing CHII

- Form follows function
 - Can't build a successful structure until you know what it is designed to accomplish, for whom
 - Do all stakeholders really want a governance role?
 - Protecting rights and interests vs. governance
 - No such thing as a public/private organization
 - There are private orgs with public participation and public orgs with private participation
 - Enterprise and individual investments comprise vast majority of HII, what will governing entity govern?
 - Skin in the game vs. no skin in the game
 - Local governance vs. national participants
 - Existing regulatory/accountability structures
- 

What's the Target?



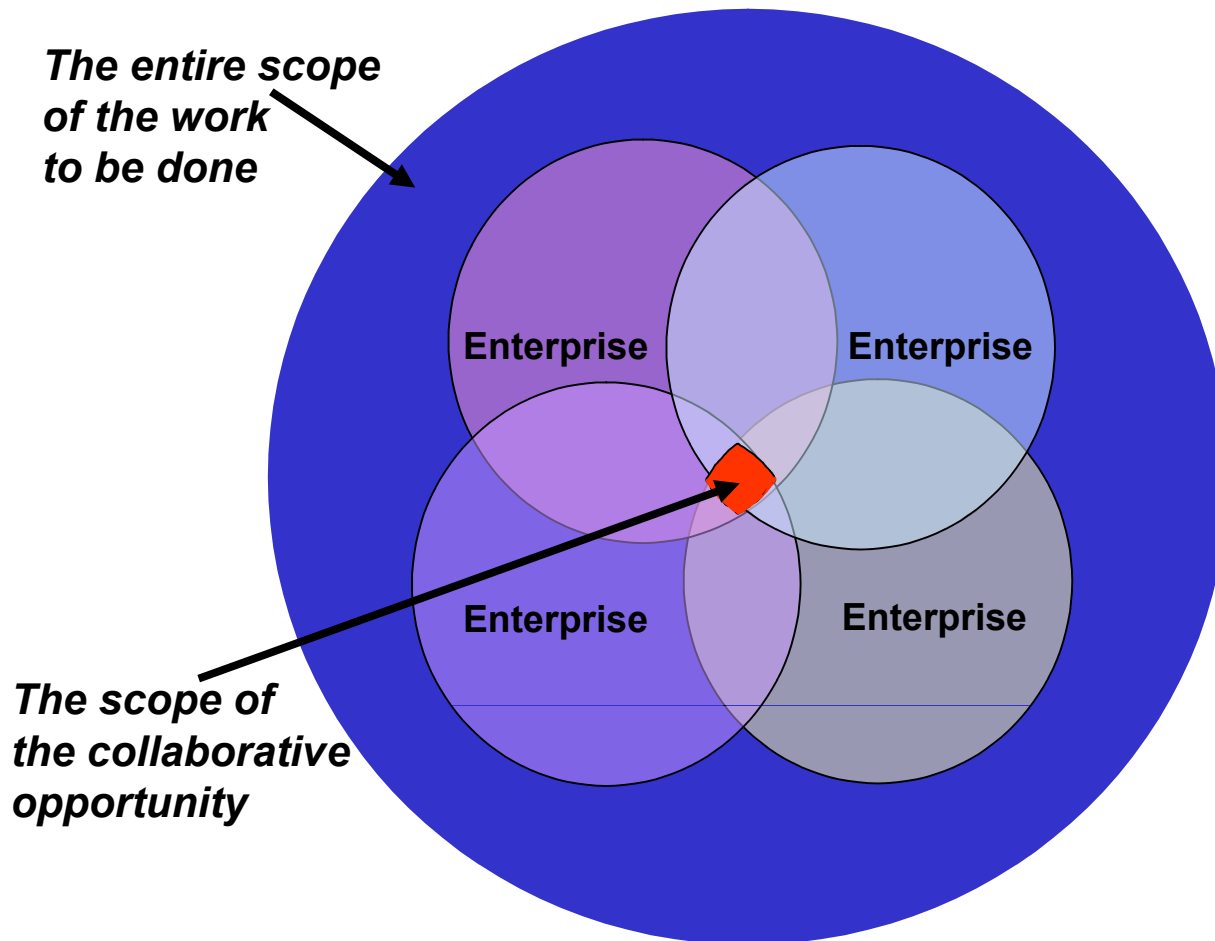
- Design the ideal and work back to the present?
 - HII is supposed to support the health care “system,” what will the “system” and HIT environment look like in 2015?
- Start with the present and work toward the ideal?
 - Easier to predict the present than the future
 - In a fluid situation, keep your options open as long as possible
 - Technology shouldn't be the driver

A Contrarian or Organic Approach to HII

- The ROI for a system that gives everyone access to everything, anywhere, in real time is overstated
- The bias should be to make CHII as modest as possible
- Don't yet know what will work best, avoid “unitary” solutions if at all possible and try different approaches
- CHII features and functionality must be pass a rigorous business test by those who will be asked to pay
- Drive off what we know and leverage existing efforts and investments
- Don't worry about governance until it is clear what there is to govern
 - Emphasize coordination, communication, cooperation

Building Health Information Infrastructure

– Competition vs. Collaboration



Collaborative Criteria

- Speed to local critical mass
- Sustainable business case
- Leverage competitive investments
- Emphasize infrastructure
- Clearly feasible

CHII – Targets of Opportunity

1. Higher value, lower cost data streams
 - Medication, lab, claims (problem list)
2. Directory services
 - Master Person Index (MPI), provider directory, etc.
3. Connecting interested aggregators
 - Geographical, vendor based
4. Personal Health Record
 - Patient centric HII vs. provider centric HII (EMR)
5. Local implementation of national standards
 - The “last mile” challenge

CHII – Targets of Opportunity

6. Forging consensus on permissions, policy, liability
 - Security interoperability is not a technology problem
7. Targeted registries
 - Develop the business case for aggregation
8. Consumer ombudsman
 - Need for information, a guide and recourse
9. Underserved providers and consumers
 - Benefits the individuals and the community
10. Patient/provider communications
 - What model will meet needs

Conclusion

- Hedging bets
 - Organic approach is a logical path to follow toward idealized long term system
 - However, if idealized system doesn't emerge, incremental value will still be created
- Much work can be done without appropriated dollars (assumed to be in short supply)
 - Which opportunities are priorities for the public sector?
- In most cases it's OK if multiple parties work the same opportunity, then everyone learns what works
 - Identify/coordinate those that should be done only once
- Community responsibility to coordinate
 - How best to work with HIIAB and similar groups?